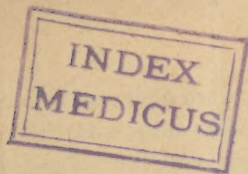
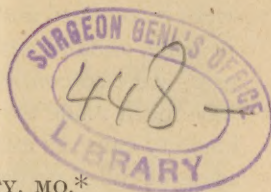


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THE  
SOCIAL AND MEDICAL ASPECTS  
OF  
INSANITY.



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In the comprehensive range of science included in the general term *Medicine* there is probably no subject of more vital interest to the well being of all classes of society than that of Insanity. Viewed from whatever standpoint no other symptom or disease at all compares with this perversion of the intellect in the terror it inspires, in the deep distress to relatives and friends, in the utter helplessness to the individual, as well as the serious havoc it creates in all business relations and social ties. To treat such a malady with indifference and careless thought seems criminal and yet I venture the assertion that comparatively few even of our more enlightened citizens know scarcely anything concerning its true nature or the modern means of dealing with this affliction. Thousands of persons who are otherwise highly educated and acquainted with all the varied conditions of Trade, Literature, Politics, Religion, and indeed all the current topics of the day, know almost nothing of that disease which is conceded to be the most terrible malady human flesh is heir to.

There is a curious sort of morbid delicacy and prejudice in the public mind about Insanity which often prevents the study of the subject. This unwise prejudice is the strongest proof of the general ignorance prevalent among all classes of society, the burden of which seems in some way or other to connect *shame* and *disgrace* with mental disease. Nor is this indifference and prejudice confined solely to the laity but also prevails to a large extent among the members of the medical profession and it is this very lack of attention on their part that makes its study the marked

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specialty that it is. A desire to correct some of the more common superstitious impressions and beliefs which seem to naturally associate themselves with insanity, as well as to urge upon the profession the necessity of its special study is the general aim of this paper, for it may be said that the greatest hope of those interested in the subject is that a more thorough knowledge of its nature and import among both laity and profession would lead to a diminution of its total amount and save many a general practitioner from making the serious mistake of adjudging a man insane when he is sane and having him committed to the State Lunatic Asylum, which to my knowledge has been done not long since in a city not far distant.

From the earliest period in the history of mankind mental diseases were recognized and even classified. Ancient literature, both sacred and profane, abound with allusions to insanity but in early times mental diseases were so confounded with superstition that little attempt seems to have been made to cope with them. The popular ancient belief was that insanity came as a result of some supernatural power or a visitation from some offended god at whose shrine the person affected had refused to worship; hence it was regarded as a punishment inflicted by these gods for irreverence or crime. The early Greek and Latin historians make mention of insanity in all their writings as many of their leaders and notables either feigned or were actually affected with some form of mental disease. Thus we find Ulysses in the year 1184 B. C. feigned madness to escape service in the Trojan War. Ajax killed all the sheep in his camp under the delusion that they were his enemies and thus favored the cause of his rival Ulysses. Euripides speaks of the power of the god Bacchus to produce madness and cites many conspicuous examples (and certainly in these modern days Bacchus may be charged with at least a share of it.) Among other ancient victims were Cambyzes, Hercules, Orestes, Nebbuchadnezzar king of Babylon, Athamas king of Orchomenis, and many other notables. Numerous cases of insanity are also alluded to in sacred writ, though not with sufficient detail to enable us to determine whether it was an actual disease of the brain or an early development of the delusion which in these modern days is designated by the term "Spiritualism."

Turning our attention to ancient medical literature we find much that is interesting and instructive. Here we note the first treatise on insanity written by the venerable Father of Medicine, Hippocrates, in which he classifies all its varied forms under three great divisions, viz: (1) Mania, (2) Melancholia and (3) Dementia. Many attempts in modern times have been made to improve this very simple but yet comprehensive classification but to his honor let it be said that it still remains the foundation on which all other systems are reared. Celsus, Diocles, Asclepiades as well as the celebrated Galen of Pergamos all discuss insanity in their writings. Since the Christian era the names of medical



writers on the subject are legion and this very fact makes the present superstition and wide-spread ignorance even the more conspicuous and striking and is certainly a serious reflection on the boasted intelligence of the 19th century. We laugh at the superstitions and absurdities of the ancients, yet who can deny the fact that similar absurdities and variations from the truth do not exist to-day in almost every community of our land? Can such gross ignorance be excusable? or allowed to remain unmolested?

It is surprising when we come to know of the great mass of intelligent people at this day who really have an idea that our Insane Hospitals are merely repetitions of the grimy dungeons of a hundred years ago. The ancient idea of chains, cells and cruel tortures still lives.

The modern popular social aspect of insanity is a mistaken conception of the truth. It seems beyond the comprehension of many persons that insanity *deranges* rather than *destroys* the mind, although a considerable number of the more chronic cases do pass into a state of profound incurable dementia.

We must remember that the existence of mental disease affects the individual more than any other disease we know anything about. When any other organ of the body is affected by disease it is after all merely a *part* of the man that suffers but when the brain convolutions are diseased sufficiently to affect the mental functions then it is the *man himself* that is affected, for it is no petty theory that I state when I say that all the special functions of all the other organs of the body subserve the brain and all the functions of the brain subserve the mind.

The one dominates the other as does the steam the engine. Indeed looked at from the evolutionary point of view everything that lives tends towards mentalization and the nervous organs of every type of animal life find their acme in the human brain convolutions.

When any serious acute disease affects the body nothing is left undone by the friends of the patient to bring about a speedy restoration. The counsel of the most eminent men in the profession is sought again and again. Time, money, business and indeed all demands of whatever kind are freely sacrificed to meet the desired end and this careful, specific attention is continued until the patient is pronounced "out of danger." This commendable and highly satisfactory practice, however, is not applied when the case happens to be one of insanity.

From an extended observation and experience in this particular direction I assert without any hesitation *that delay in securing prompt and appropriate treatment in the early stages of insanity is one of the greatest evils of this age.*

All authorities agree that insanity in its incipency is a very curable disease; hence I hold that both the laity and profession are, to some extent at least, responsible for the rapid increase of the incurable insane. The curability of insanity is becoming of greater importance each year. The



increased demand for hospital accomodation in every state of the Union is proof of its rapid increase.

From a very careful review of late reports from many of our leading state institutions I find that the recoveries were principally from the class whose insanity was of recent date. The records prove conclusively that at least 50 per cent. of recent insanity is curable and this lesson cannot be too strongly impressed upon the medical profession as well as the friends of the insane. From the statistics we learn that it is even more curable than many diseases of other organs, for the recoveries in many of these are far below 50 per cent.

The great question with us as physicians therefore is, What can we do to increase the percentage of recoveries and thereby prevent the alarming increase of the incurable insane.

It is a belief held by many physicians that insanity is incurable from its incipency and therefore little effort is made in the way of treatment. The vast number of incurable cases which crowd the wards of our state and private hospitals is pregnant with important truths. In the clinical history of many of these unhappy persons we read recorded the sad and lamentable results of either a total neglect of all efficient curative treatment at a period when the disease might have been arrested or the use of injudicious and unjustifiable measures under mistaken notions of the nature and pathology of the disease. The fatal consequences which have so often ensued from a belief in the incurability of insanity by medical means is appalling. In all grades of society we witness the pernicious, and disastrous effects of this mistaken and unreasonable dogma.

Another reason influencing the minds of persons and causing delay is a *lack of appreciation of the importance of early treatment*. The slow and insidious nature of the attack in many cases leads the friends and sometimes the doctor to attribute the cause of the individuals changed condition to some other bodily ailment such as "liver complaint", "dyspepsia", "female weakness", etc., or "religious convictions" and, not until some overt act or some attempt of self-injury, or disposition to harm others occurs is the true mental condition recognized. In this way many curable cases become incurable by having passed the period when the disease was amenable to treatment. Others again withhold the facts believing that it might possibly be used as a reflection on the former good name and standing of the family. Whenever the family physician discovers a member of some prominent family gradually changing in the way of thinking, feeling and acting, he often hesitates to give an opinion even if he suspects insanity, for fear of giving offense and thus lose patronage. In this way also many persons become hopelessly insane. There is abundant evidence of serious and fatal errors in this respect. It seems to me that the physician can hardly be excused for taking such a course when he knows that the success of curative measures depends



greatly upon prompt and appropriate treatment. The medical aspect of insanity recognizes as its most important law the fact that the longer the duration of the disease, the less the chance of recovery.

The measures to be adopted will necessarily be governed largely by surrounding circumstances; hence it is impossible to formulate a series of rules to suit every case. It has been taught and believed by those who devote their time and attention to this study that the probabilities of recovery are always much increased by sending the patient away from home to either a private or public hospital for treatment and my experience fully proves this to be eminently true. If for any reason this step cannot be taken the next best thing is to convert home into a hospital by an adoption of hospital methods and appliances.

I am aware that such recommendations are not popular and by and by many physicians this order would be reversed, many thinking that the first thing to be done by way of treatment is to prevent them from being taken from home and especially to a public hospital. But such notions, in my judgment, are more fanciful than wise. The traditional prejudice against insane hospitals should be ignored by both the profession and laity.

Results are what we most desire and we cannot afford to lose the golden opportunity, when prompt treatment is the one thing needful.

I am aware that there is a wide-spread public impression that great cruelties are not uncommonly practiced at our insane retreats. This I believe to be greatly exaggerated as strenuous efforts are exercised at all times to be as humane as possible. Beside this there are many other objections urged against insane hospitals some of which are the following: That they are resorts to cover crime; that the inmates are not well fed or clothed; that their medical attention is very limited; that there is no discrimination between the rich and poor; that in many cases the insanity is doubtful or if this be conceded then they are detained much longer than is necessary. These and many other similar objections are urged against both public and private hospitals. Now much of this is due to sheer ignorance or lack of proper teaching for those who have had any experience or taken the trouble to inquire into these matters know that they are opposed to the truth. Having had some ten years' practical experience at two of the leading state institutions, as well as having visited many others in America and Europe I believe I am in a position to refute many of the popular ideas in regard to the insane as well as correct many of the more common objections raised to frustrate efforts for its successful treatment.

In order to further emphasize the importance of this study I will take occasion to invite your attention to a few facts concerning the proportion of insane to the population in the several states of the Union. It is a well known fact that the number of insane persons in any state grows in proportion to its population, the proportion being very much larger in the older eastern states than the newer western ones.



The census of 1880 was probably the most careful and painstaking one ever made and furnishes us the following table:

In California there were 1 insane in every 345 of the population.

Massachusetts.....	304
New York.....	360
Maine.....	421
Ohio.....	430
Pennsylvania.....	516
Wisconsin.....	521
Indiana.....	560
Michigan.....	585
Kentucky.....	502
Illinois.....	600
Iowa.....	639
Missouri.....	655
Minnesota.....	685
Kansas.....	1000
Nebraska.....	1005

Now it is fair to presume that this number has not been diminished in the interval of time which has elapsed as many of the western states have almost doubled their population\*.

In this connection it may prove interesting to refer to the annual expectancy of insanity or the number of persons liable to become insane in our own neighborhood each year.

Out of a population of about  $1\frac{1}{2}$  millions in the state of Kansas in the year 1888 it was demonstrated conclusively that the number of persons who would become insane that year was 333 or in other words one person to every 4000 of the then present population. Applying this rule to our own state with a population of about  $2\frac{1}{2}$  millions 555 persons would constitute the annual expectancy of insanity for Missouri. Now all of these new cases of insanity constitute the recent or acute and presumably curable cases. They however rapidly fall into one of three classes:

1st. Those in which the violence of the disease proves speedily fatal. These constitute a very small proportion about 5 or 6 per cent. perhaps.

2nd. Those who recover their mental health. These comprise about one-half or 50 per cent. of the original cases.

3rd. This leaves a little less than half of the new cases which arise each year to become *chronic*, *i. e.* cases in which the great majority never recover.

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\* While I was writing this paper the late report of the Superintendent of the *Census Bureau* reached me in which he states that the total number of insane persons treated in both public and private institutions in the United States during the year 1889 was 97,535 while in the year 1880 there were but 56,205 showing an increase in the nine years of 41,330, more than 57 per cent.



Now as the population of the state increases the number of new cases will increase in proportion, hence our greater duty to try to increase the percentage of recoveries. This can in great measure be accomplished by urging upon the friends of the insane the importance of early appropriate treatment. The inception of most forms of insanity is manifested by lowness of spirits commonly termed "the Blues"; then follows a lack of enjoyment in occupation and amusement and consequent loss of interest in life; this may be premonitory of actual insanity and continue for months or even years. This is the stage when the disease offers the most favorable opportunities for treatment and where the skill of the family physician is required in making a correct diagnosis. After this condition has existed a varying length of time we next have actual insanity which usually at first assumes the simplest form of melancholia which is nothing more nor less than the functional expression of convolitional malnutrition. It is manifested by headache confined to the occipital region—more or less insomnia—mental depression and general malaise. When these are all present then the diagnosis is easy.

It is a well known fact among psychologists that nearly all the varied forms of insanity is preceded by some form of mental depression or melancholia. Guslain was the first to elucidate this highly interesting and important fact and of its general correctness there can be no doubt.

In this connection we must ever remember that the various states of mental depression are the sanest kinds of insanity. It is often therefore most difficult to draw a line between mere lowness of spirits, mental depression and melancholia, as they shade off into each other by fine degrees, but it is of the utmost importance that a correct diagnosis be made as early as possible as it involves the future sanity or insanity of the individual.

In view of the importance of this fact it is lamentable that very few of (even our more reputable) medical colleges include the clinical study of insanity in their curriculum; indeed few teach it didactically and when this is done the whole subject is covered in about three lectures. Dr. Clouston, commenting on this point, says "as well might you ask a man to give a life insurance certificate that a patient was free from heart disease who had never listened to a cardiac murmur as to expect a physician to sign a certificate of lunacy who had never received any special instruction in this most important branch of medicine." It is impossible to teach the principles of this vast and most important department of medicine in two or three didactic lectures. When we remember that most cases have at first to be treated by the family physician the fallacy of this is apparent at once. Not until our profession makes the study of insanity more thorough shall we be able to fully cope with its alarming increase or combat the most injurious public prejudices.

The necessity which exists for a more comprehensive knowledge of mental disease among medical men is again perceptible when we remem-

ber that the law of this state grants an exceptional power to graduates of whatever "school" of medicine by allowing two physicians to issue a certificate, the effect of which is to deprive any citizen of his personal liberty on the ground of insanity—and frequently the testimony of only *one* is taken. Surely such a responsibility should create an objection to know something more about insanity than is the general rule. How can we know that which we do not study? And how can the family physician give conscientious advice and sign such certificates when as a medical student, he saw the disease but rarely or not at all.

To deal with the steadily increasing mass of insanity is a problem which as time goes on becomes by its very magnitude more and more difficult of solution. From our vast repository of facts and the extensive amount of literature on the subject it is inexcusable if we fail to obtain the necessary information to help check its rapid ascendancy. We must of necessity look to the general practitioners for practical aid in stemming the great and growing tide of insanity and depend upon their combined intelligent efforts to avert its progress by the early recognition and repression of its initial symptoms.

We as physicians must make it our individual concern, charge ourselves with this specific duty and continue it from year to year.

In closing I would state that it has been my particular aim to treat my subject in a general simple way as I much preferred doing this to an extensive elaboration of technicalities on the subject of insanity.

If I have succeeded in calling attention to a subject which I believe is of the most vital importance to the profession as well as the public I shall indeed feel well repaid.

